



L-PVDOMICS STUDY

Center Blood Collection – Processing Sample Form #801

Instructions: L-PVDOMICS Study Team member collecting blood should be familiar with MOP Chapter 234. The study coordinator will provide the study participant identification number and alpha code.

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1. Identification Number

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2. Alphacode

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3. Processing Date (mm/dd/yyyy)

Place bag label here

4. Biorepository Kit Number..... __ __ LPVD __ __ __

5. Username of the person processing the sample __ __ __ __ __

6. Time received at lab (24-hr clock) (hh:mm) __ __ : __ __

7. Time of start of processing sample (24-hr clock) (hh:mm) __ __ : __ __

Type of tube(s)	8. Was the required volume of blood collected? 0=No, 1=Yes, 8=Not collected	9. Was the specimen placed on ice before processing? 0=No, 1=Yes	10. Start time of processing sample (24-hr clock) (hh:mm)	11. Specimen condition 0=Normal, 1=Hemolysis, 2=Milky	12. Time specimen frozen in dry ice (24-hr clock) (hh:mm)	13. Time specimen placed in -70°C/-80°C freezer (24-hr clock) (hh:mm)
a. Gold Top SST 5ml	__	__	__ __ : __ __	__	__ __ : __ __	__ __ : __ __
b. Gold Top SST 5ml	__	__	__ __ : __ __	__	__ __ : __ __	__ __ : __ __
c. Lavender Top EDTA Plasma 10ml	__	__	__ __ : __ __	__	__ __ : __ __	__ __ : __ __

14. Date sample frozen (mm/dd/yyyy)..... __ __ / __ __ / __ __ __ __

15. Number of cryovials of 400ul Serum-CC-PRL __ __ __

16. Number of cryovials of 200ul Serum..... __ __ __

17. Number of cryovials of 200ul Plasma..... __ __ __

18. Number of cryovials of buffy coat __

Note: Place a black dot with permanent marker on the screw cap if the volume is less than 200 ul

19. Were any issues experienced during processing (0=No, 1=Yes)..... ____

Comments:

200. Date form completed (mm/dd/yyyy)..... ____/____/____

201. Username of person completing/reviewing completeness of this form ____

Clinical Center Use Only

Date form entered (mm/dd/yyyy) ____/____/____

Username of person entering this form____